Add a Program



Enter the NDFoods System



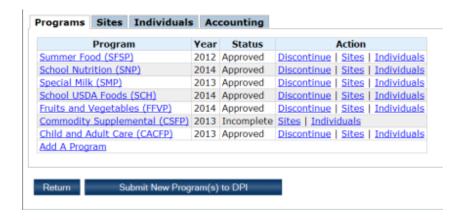
Click on "Sponsor Profile"



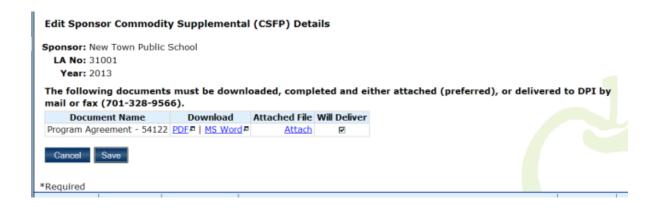
Click on "Add a Program".

Add Programs Sponsor: New Town Public School Programs Already Participating In Summer Food (SFSP) School Nutrition (SNP) Special Milk (SMP) School USDA Foods (SCH) Fruits and Vegetables (FFVP) Child and Adult Care (CACFP) *Select Programs To Participate In 2013 Commodity Supplemental (CSFP)

Select from the available programs by checking the box and click "Add".



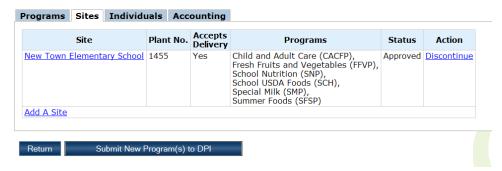
Click on the link for the new program added to view and update program details.



For each program, the information required will be different. Complete and download or attached the necessary forms or check the box that indicates they will be delivered.



Before submitting the new program to DPI for approval, the user must add sites and individuals associated with the new program. Click on the Sites tab to view current sites.



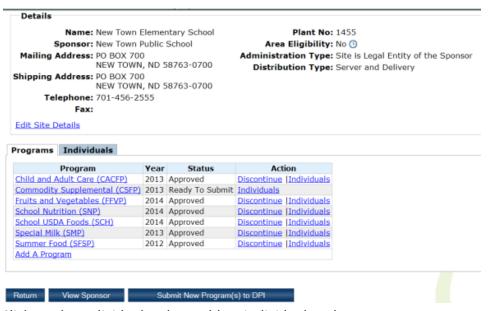
The user may choose an existing site to add the new program to, or add a site.



Select a program by checking the box next to the program name.

Adding Prog	ram(s)
2013 Commod	dity Supplemental (CSFP)
ease verify si	te information.
Sį	consor: New Town Public School
	Name: New Town Elementary School
Distribution	Type: Both
*Tele	phone: 7014562555 (2223334444) Ext:
	Fax: (2223334444)
dministration	Type: Site is Legal Entity of the Sponsor
allillisti acioi	Type: (Sile is Ledar Philip of the Sociosof
Mailing Addr	ess
Address: DO	BOX 700 NEW TOWN ND 58763-0700
Addiess: [F17	NA ANT IN WATER TO A STATE OF THE STATE OF T
Shipping Ad	dress
Same as mail	ling address: ®Yes ○No

Verify the site information and click "Save"



Click on the Individuals tab to add an individual to the new program.



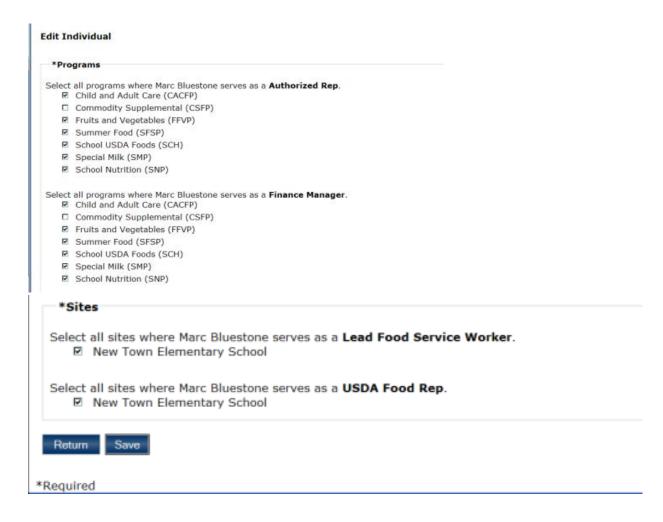
Click "Edit" next to the appropriate individual.



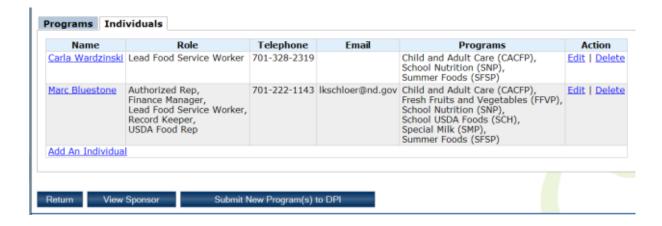
The system will display the roles held by the individual. Click "Edit".

Edit Individual	
*Salutation	I: Mr ▼
Name	: Marc Bluestone
*Title	Superintendent
Emai	lkschloer@nd.gov
*Primary Telephone	
Secondary Telephone	
Login II	authrep1
Mailing Address	
_	
*Address: PO BOX 7	00 NEW TOWN ND 58763-0700
Shipping Address *Same as mailing a	ddress: ○Yes ○No ®No Shipping Address
*Same as mailing a	
*Same as mailing a	
*Same as mailing as *Roles Select all the roles this p Authorized Rep Contact	ddress: ○Yes ○No ®No Shipping Address
*Same as mailing as *Roles Select all the roles this p Authorized Rep Contact Finance Manager	ddress: ○Yes ○No ®No Shipping Address
*Same as mailing as *Roles Select all the roles this p Authorized Rep Contact Finance Manager Invoice Contact	ddress: ○Yes ○No ⊕No Shipping Address person holds for any site.
*Same as mailing as *Roles Select all the roles this p Authorized Rep Contact Finance Manager Invoice Contact Lead Food Service We	ddress: ○Yes ○No ⊕No Shipping Address person holds for any site.
*Same as mailing as *Roles Select all the roles this p Authorized Rep Contact Finance Manager Invoice Contact Lead Food Service We Owner	ddress: ○Yes ○No ⊕No Shipping Address person holds for any site.
*Same as mailing as *Roles Select all the roles this p Authorized Rep Contact Finance Manager Invoice Contact Lead Food Service We	ddress: ○Yes ○No ●No Shipping Address person holds for any site.

Review the individual information and click "Continue".



Complete the necessary program and site information and click "Save".



Once all of the information has been completed, click on "Submit New Program(s) to DPI".

The information has now been sent to DPI for approval.